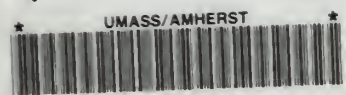


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DEPARTMENT OF MEDICAL SECURITY

"HEALTHY KIDS": A PRIMARY AND PREVENTIVE PEDIATRIC HEALTH INSURANCE PROGRAM

QUESTIONS AND ANSWERS

1. What is the "Healthy Kids" Program?

The "Healthy Kids" Program is a new statewide pediatric health insurance program for the benefit of uninsured children from birth through age five who do not have private or public health insurance coverage. This program will provide access to preventive and primary care services for the estimated 33,000 uninsured children in the state who lack this coverage. Enrollment is expected to begin in January 1993.

2. Who qualifies for the program?

Every child in Massachusetts through age five who does not currently have public or private health insurance coverage for primary and preventive care services is eligible for participation in the "Healthy Kids" Program. In addition, some children may qualify for a discount on the premium. Refer to question 4. for more information regarding premium discounts.

3. How is the program administered?

The Department of Medical Security (DMS) will administer "Healthy Kids" on a statewide basis through contracts with two insurance carriers: Blue Cross and Blue Shield of Massachusetts (BC/BS) and Community Health Plan (CHP). CHP of Northampton, MA will offer the program in Berkshire, Franklin and Hampshire Counties. BC/BS will offer the program in all other counties of the state.

4. How much does this program cost?

This program is partially supported by premiums, co-payments and deductibles paid by subscribers. The premiums for the initial year have been set at \$40.71 per member per month with BC/BS and \$42.46 per member per month with CHP. Depending on family income, many families will qualify for a discount on the premium, as well as reductions in the amounts for co-payments and deductibles. The chart below describes the amounts to be paid for premiums, co-payments, and deductibles by income category. The chart in the Attachment provides guidelines for determining the specific income category for each family.

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	<100%	101%-133%	134%-200%	201%-300%	301%-400%	>400%
PREMIUM	No charge	No charge	No charge	\$16.28 PMPM - BC/BS	\$16.28 PMPM - BC/BS	\$40.71 PMPM - BC/BS
				\$16.98 PMPM - CHP	\$16.98 PMPM - CHP	\$42.46 PMPM - CHP
CO-PAY	No charge	No charge	\$1 for primary care & pharmacy	\$2 for primary care & pharmacy	\$3 for primary care & pharmacy	\$5 for primary care & pharmacy
ANNUAL DEDUCTIBLE	No charge	No charge	\$5 for lab, x-ray & specialty services	\$10 for lab, x-ray & specialty services	\$15 for lab, x-ray & specialty services	\$20 for lab, x-ray & specialty services

5. **What services are covered through the "Healthy Kids" program?**

The "Healthy Kids" Program will provide coverage of full preventive care, as recommended by the American Academy of Pediatrics; and routine primary care, laboratory, x-ray, and specialty care services. Pharmacy services for the treatment of routine primary care conditions will also be covered.

PREVENTIVE SERVICES:

Based upon the recommendations of the American Academy of Pediatrics, preventive services will include the following:

- physical examinations, which include: health measurements and hearing and vision screenings
- appropriate immunizations,
- routine laboratory tests as recommended by the physician
- screening for lead poisoning, and
- educational information regarding nutrition, growth and development, safety and injury prevention.

Other services, as periodically recommended by the American Academy of Pediatrics, will also be covered.

Periodic assessments are to be offered on a schedule of not less than six (6) times during the child's first year after birth, three (3) times during the second year and at least once each year from age three (3) through age five (5).

PRIMARY CARE SERVICES:

Primary care services will include the diagnosis and treatment of children for minor, routine, uncomplicated, episodic health problems in an office or outpatient primary care setting.



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LABORATORY, X-RAY, PHARMACY AND SPECIALTY CARE SERVICES:

Prescribed routine, ambulatory diagnostic x-ray and laboratory services; prescribed drugs needed for the treatment of minor, routine, uncomplicated primary care conditions; and specialty services for the assessment and treatment recommendations for identified problems will be covered.

6. What services are not covered?

The "Healthy Kids" Program does not cover the following services:

- inpatient hospitalization, outpatient surgery, cosmetic surgery, emergency room treatment, custodial care, organ transplants;
- mental health services; experimental services; ambulance services; dental care; therapeutic services such as chemotherapy, hemodialysis, radiation therapy, occupational therapy and physical therapy;
- personal comfort items, eyeglasses, or hearing aids, durable medical equipment; and
- services which are not medically necessary for the diagnosis, treatment or prevention of illness or injury.

7. How can I get more information regarding enrollment?

Residents of Berkshire, Franklin, and Hampshire Counties should call Community Health Plan at 1-800-344-5682.

Residents of all other counties should contact Blue Cross and Blue Shield at 1-800-262-3564.

ATTACHMENT
ANNUAL FEDERAL POVERTY INCOME GUIDELINES
(AS OF FEBRUARY 15, 1992)

FAMILY SIZE*	<= 133 %	134 % - 200 %	201 % - 300 %	301 % - 400 %	> 400 %
1	\$0 - \$9,057	\$9,058 - \$13,620	\$13,621 - \$20,433	\$20,434 - \$27,240	>= \$27,241
2	\$0 - \$12,223	\$12,224 - \$18,380	\$18,381 - \$27,573	\$27,574 - \$36,760	>= \$36,761
3	\$0 - \$15,388	\$15,389 - \$23,140	\$23,141 - \$34,713	\$34,714 - \$46,280	>= \$46,281
4	\$0 - \$18,554	\$18,555 - \$27,900	\$27,901 - \$41,853	\$41,854 - \$55,800	>= \$55,801
5	\$0 - \$21,719	\$21,720 - \$32,660	\$32,661 - \$48,993	\$48,994 - \$65,320	>= \$65,321
6	\$0 - \$24,884	\$24,885 - \$37,420	\$37,421 - \$56,133	\$56,134 - \$74,840	>= \$74,841
7	\$0 - \$28,050	\$28,051 - \$42,180	\$42,181 - \$63,273	\$63,274 - \$84,360	>= \$84,361
8	\$0 - \$31,215	\$31,216 - \$46,940	\$46,941 - \$70,413	\$70,414 - \$93,880	>= \$93,881
9	\$0 - \$34,381	\$34,382 - \$51,700	\$51,701 - \$77,553	\$77,554 - \$103,400	>= \$103,401
10	\$0 - \$37,546	\$37,547 - \$56,460	\$56,461 - \$84,693	\$84,694 - \$112,920	>= \$112,921

*Family size includes parents and all children.

